

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
A001A	A	Batch Reject	The submission overlaps an existing accepted submission.
A002B	A	Batch Reject	A C/R record cannot reverse another C/R record.
A004A	A	Batch Reject	A record of same record type and adjustment type cannot reference the same parent record within the same submission.
A005A	A	Batch Reject	A record of same record type and adjustment type cannot reference the same parent record from a previous submission.
D002A	R	Batch Reject	Submitter Organization ID on the detail record must match the Submitter Organization ID on the header record.
D002B	R	Batch Reject	The Submitter Organization ID provided in the detail record must be found on the lookup table.
D003D	R	Batch Reject	When Data Source is a valid Data Source (exists in the master lookup table) then it must be valid for this organization.
D003E	R	Batch Reject	Data Source must be found in the master lookup table.
D004B	R	Batch Reject	Duplicate Record ID's must not exist within different submissions.
D004E	R	Batch Reject	Record ID must begin with MCDA.
D004F	R	Batch Reject	Record ID must begin with WPS.
D004G	R	Batch Reject	Record ID must not begin with WPS or MCDA.
D005A	A	Batch Reject	When the Record Type equals O, the Parent Record ID must be null.
D005B	A	Batch Reject	When the Record Type = N or C, must provide data in the Parent Record field.
D005C	A	Batch Reject	When the Record Type equals N or C, the data in the Parent Record ID must exist as a Record ID for that county.
D005F	A	Batch Reject	The Parent Record ID cannot equal the Record ID.
D006C	A	Batch Reject	When the Record Type = N, or C, the data in the original ID must point to an existing original transaction for that county.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D006D	A	Batch Reject	When Record Type equals O and the data is provided, the original ID must equal the Record ID.
D006E	A	Warning	When Record Type = C or N, Original Record ID must be provided.
D007D	R	Batch Accept	For a denied transaction, Paid Amount must be zero.
D007E	R	Batch Accept	Claim Status must equal P for a member share transaction.
D008B	A	Batch Reject	Comparing numeric fields on a reversal to it's parent.
D008C	A	Batch Reject	Comparing alpha and date fields on a reversal to it's parent.
D008F	R	Batch Reject	Reversal adjustment record must exist before a new adjustment record is created.
D009A	A	Batch Reject	When the Record Type = C, Adjustment Type must equal R or N.
D009B	A	Batch Reject	When Record Type = O or N Adjustment Type must be null.
D010D	A	Batch Reject	When the Record Type = O, the Adjustment Type Detail must be null.
D011C	S	Batch Accept	When the Claim Adjustment Reason Code is provided then the code must exist in the master lookup table.
D011D	S	Batch Accept	When the Claim Adjustment Reason Code is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D011E	S	Warning	The Claim Adjustment Reason Code must be provided on a denied claim.
D011F	S	Batch Accept	The Claim Adjustment Reason Code must be provided when the Paid Amount is less than Charges.
D011G	S	Batch Accept	When Claim Adjustment Reason Code(s) is (are) provided, the data must start with Claim Adjustment Reason Code, and be filled sequentially without gaps.
D012C	S	Batch Accept	When the Claim Adjustment Reason Code 2 is provided then the code must exist in the master lookup table.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D012D	S	Batch Accept	When the Claim Adjustment Reason Code 2 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D013C	S	Batch Accept	When the Claim Adjustment Reason Code 3 is provided then the code must exist in the master lookup table.
D013D	S	Batch Accept	When the Claim Adjustment Reason Code 3 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D014C	S	Batch Accept	When the Claim Adjustment Reason Code 4 is provided then the code must exist in the master lookup table.
D014D	S	Batch Accept	When the Claim Adjustment Reason Code 4 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D015C	S	Batch Accept	When the Claim Adjustment Reason Code 5 is provided then the code must exist in the master lookup table.
D015D	S	Batch Accept	When the Claim Adjustment Reason Code 5 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D016C	S	Batch Accept	When the Claim Adjustment Reason Code 6 is provided then the code must exist in the master lookup table.
D016D	S	Batch Accept	When the Claim Adjustment Reason Code 6 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D018B	P	Batch Accept	MA Billing Provider or Billing Provider ID must be provided.
D018C	P	Batch Accept	The MA Billing Provider ID must equal Submitter Organization ID for a member share transaction.
D018E	P	Batch Accept	When MA Billing Provider ID is provided, MA Billing Provider ID must exist in the master lookup table.
D018F	P	Batch Accept	When MA Billing Provider ID is provided, it must be within date range.
D019B	P	Batch Reject	When Billing Provider ID is provided, the Billing Provider ID Qualifier must be provided.
D019E	P	Batch Reject	The Billing Provider ID Qualifier must be one of the following VALUES: 24, 34, XX OR CO.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D019F	P	Warning	When the SPC indicates a Health / Medical indicator, then the Billing Provider ID Qualifier or Rendering Provider ID Qualifier must be XX.
D020D	P	Batch Reject	When Billing Provider ID Qualifier is provided, the Billing Provider ID must be provided.
D020E	P	Warning	When the Billing Provider ID Qualifier or Rendering Provider ID Qualifier is XX, then a valid 10 digit NPI code must be provided.
D021A	P	Batch Accept	Billing Provider Last Name or organization must be provided
D024C	P	Batch Accept	The MA Rendering Provider ID must equal Submitter Organization ID for a member share transaction.
D024D	P	Batch Accept	When MA Rendering Provider ID is provided, MA Rendering Provider ID must exist in the master lookup table.
D024E	P	Batch Accept	When MA Rendering Provider ID is provided, it must be within date range.
D025D	P	Batch Reject	When Rendering Provider ID Qualifier is provided, it must equal 24, 34, XX, or CO.
D025E	P	Batch Reject	When Rendering Provider ID Qualifier is provided, the Rendering Provider ID must be provided.
D026C	P	Batch Reject	When Rendering Provider ID is provided, the Rendering Provider ID Qualifier must be provided.
D026E	S	Batch Accept	When Rendering Provider ID is provided then the Rendering Provider Last Name must also be provided.
D027C	S	Batch Accept	When Rendering Provider Last Name is provided then the Rendering Provider ID must also be provided.
D030A	M	Batch Accept	Recipient ID must be provided.
D030D	M	Warning	Recipient ID must exist in the master lookup table.
D030E	M	Warning	When Recipient ID exists on the master lookup table then must have family care eligibility.
D031A	M	Batch Accept	Recipient Last Name must be provided.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D032A	M	Batch Accept	Recipient First Name must be provided.
D035C	S	Batch Accept	When the Diagnosis Code Additional 2 is provided then the code must exist in the master lookup table.
D035D	S	Batch Accept	When the Diagnosis Code Additional 2 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D035E	S	Batch Accept	The Diagnosis Code Additional 2 must be null for member share.
D036C	S	Batch Accept	When the Diagnosis Code Additional 3 is provided then the code must exist in the master lookup table.
D036D	S	Batch Accept	When the Diagnosis Code Additional 3 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D036E	S	Batch Accept	The Diagnosis Code Additional 3 must be null for member share.
D037C	S	Batch Accept	When the Diagnosis Code Additional 4 is provided then the code must exist in the master lookup table.
D037D	S	Batch Accept	When the Diagnosis Code Additional 4 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D037E	S	Batch Accept	The Diagnosis Code Additional 4 must be null for member share.
D038C	S	Batch Accept	When the Diagnosis Code Additional 5 is provided then the code must exist in the master lookup table.
D038D	S	Batch Accept	When the Diagnosis Code Additional 5 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D038E	S	Batch Accept	The Diagnosis Code Additional 5 must be null for member share.
D039C	S	Batch Accept	When the Diagnosis Code Additional 6 is provided then the code must exist in the master lookup table.
D039D	S	Batch Accept	When the Diagnosis Code Additional 6 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D039E	S	Batch Accept	The Diagnosis Code Additional 6 must be null for member share.
D040C	S	Batch Accept	When the Diagnosis Code Additional 7 is provided then the code must exist in the master lookup table.
D040D	S	Batch Accept	When the Diagnosis Code Additional 7 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D040E	S	Batch Accept	The Diagnosis Code Additional 7 must be null for member share.
D041C	S	Batch Accept	When the Diagnosis Code Additional 8 is provided then the code must exist in the master lookup table.
D041D	S	Batch Accept	When the Diagnosis Code Additional 8 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D041E	S	Batch Accept	The Diagnosis Code Additional 8 must be null for member share.
D042A	S	Batch Accept	Service Date From must be provided.
D043A	S	Batch Accept	Service Date To must be provided.
D043C	S	Batch Accept	Service Date To must be greater than or equal to Service Date From.
D043F	S	Warning	Service Date To cannot be more than 13 months after the Posting Month.
D044C	S	Batch Accept	When Place of Service code is provided, it must exist in the master lookup table.
D044D	S	Batch Accept	When Place of Service Code is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D044E	S	Batch Accept	The Place of Service Code must be null for member share.
D046C	S	Batch Accept	When Procedure Code is provided then the code must exist in the master lookup table.
D046D	S	Batch Accept	When the Procedure Code is provided and the code is in the master lookup table then it must be within date range using runout period end date (based on dates of service).

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D046F	S	Warning	Dates of service are greater than Procedure Code's end date and less than or equal to Procedure Code's grace period end date.
D046G	S	Warning	Procedure Code or Revenue Code is required.
D046H	S	Warning	The Dates of Service are greater than Procedure Code's end date and is less than or equal to Procedure Code's run out period end date.
D047C	S	Batch Accept	When Procedure Code Modifier 1 is provided, it must exist in the master lookup table.
D047D	S	Batch Accept	When the Procedure Code Modifier 1 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D047E	S	Batch Accept	When Modifier(s) is (are) provided, the data must start with first Modifier, and be filled sequentially without gaps.
D048C	S	Batch Accept	When Procedure Code Modifier 2 is provided, it must exist in the master lookup table.
D048D	S	Batch Accept	When the Procedure Code Modifier 2 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D049C	S	Batch Accept	When Procedure Code Modifier 3 is provided, it must exist in the master lookup table.
D049D	S	Batch Accept	When the Procedure Code Modifier 3 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D050C	S	Batch Accept	When Procedure Code Modifier 4 is provided, it must exist in the master lookup table.
D050D	S	Batch Accept	When the Procedure Code Modifier 4 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D051C	S	Batch Accept	When Revenue Code is provided, it must exist in the master lookup table.
D051D	S	Batch Accept	When the Revenue Code is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D052A	S	Batch Accept	Quantity must be provided.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D052F	S	Batch Reject	Quantity must reflect the same sign as the dollar fields.
D052I	S	Batch Accept	Quantity must be null for a member share.
D052J	S	Batch Accept	Quantity must be greater than or equal to zero for an encounter transaction.
D053B	S	Batch Reject	When data is provided, Unit or Basis for Measurement Code must equal MI, HR, DA, WK, YR, Q1, F2, UN, MJ, or DH.
D053D	S	Batch Accept	Unit or Basis of Measurement Code must be provided for an encounter transaction.
D053E	S	Batch Accept	Unit or Basis of Measurement Code must be null for a member share.
D056A	S	Batch Accept	Charges must be provided for an encounter transaction.
D056B	S	Batch Reject	Charges must be null for member share.
D056F	S	Batch Accept	Charges must be greater than or equal to zero for an encounter transaction.
D057B	S	Batch Accept	Receipt Date must be less than or equal to Posting Date.
D057C	S	Batch Accept	The Receipt Date must be provided.
D058A	S	Batch Accept	Paid Amount must be provided.
D058D	S	Batch Accept	Paid Amount must be a negative amount for a member share transaction.
D058F	S	Batch Accept	The Paid Amount will be less than or equal to Charges, when both are provided.
D058G	S	Batch Accept	Paid Amount must be greater than or equal to zero for an encounter transaction.
D059B	R	Batch Reject	Posting date must be greater than or equal to Header's begin Posting date.
D059C	R	Batch Reject	Posting date must be less than or equal to Header's End Posting date.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D061C	S	Batch Reject	Allowed amount must be null for member share.
D061E	S	Batch Accept	When supplied the Allowed Amount must be greater than or equal to zero for an Encounter transaction.
D062E	S	Batch Accept	Support indicator must equal S or C for an Encounter transaction.
D062F	S	Batch Accept	Support Indicator must equal N for member share.
D063C	A	Batch Reject	When Support indicator equals N, then Member Share must equal C, R, S, or V.
D063F	A	Batch Reject	Member Share must equal N.
D063G	A	Batch Reject	Member Share must equal C, R, S or V.
D071B	M	Batch Accept	When the Recipient birth date is provided, it must be less than or equal to the FDOS.
D071C	M	Batch Accept	When the Recipient Birth date is provided and the FDOS is provided, then the Birth date + 150 years must be >= FDOS.
D071D	M	Warning	When the Recipient Birth date is provided and the Recipients found in the Recipient Master file with a DOB, then the Recipient Birth date = DOB in Recipient Master File.
D071E	M	Batch Accept	When both the Recipient Birth date and the Recipient Death date is provided, then the Death date must be >= the Birth date.
D072B	M	Warning	When the Recipient Death Date is provided, it must be less than or equal to the Posting date.
D072C	M	Warning	When the Recipient Death date is provided and the TDOS is provided, then the Death date + 1 month must be >= TDOS.
D072D	M	Warning	When the Recipient Death date is provided and the Recipient is found in the Recipient Master file with a DOD then the Recipient Death date must equal DOD in Recipient Master File.
D072E	S	Warning	When the MMIS recipient Master table has a death date, the death date must be provided.
D073A	S	Batch Accept	When the DRG is provided it must exist in the lookup table.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D073E	S	Batch Accept	When the DRG is provided and found in the lookup table, then it must be within date range(based on dates of service).
D073F	S	Batch Accept	DRG must be null for member share.
D074A	S	Batch Accept	When the Record Type = O or C with an Adjustment Type equals N, SPC Code must be provided.
D074C	S	Batch Accept	When data is provided, SPC Code must exist in the master lookup table.
D074F	S	Batch Accept	When provided, then the SPC must not begin with 095. on a Non-member share transaction.
D074G	S	Batch Accept	The Service Date From must be greater than or equal to the SPC begin date.
D074H	S	Batch Accept	The Service Date From date must be less than or equal to the SPC end date.
D074I	S	Batch Accept	The Service Date To date must be greater than or equal to the SPC begin date.
D074J	S	Batch Accept	The Service Date To date must be less than or equal to the SPC end date.
D074K	S	Batch Accept	The SPC must equal 095.01 on a Cost share transaction.
D074L	S	Batch Accept	The SPC must equal 095.02 on a Vol. Contrib. transaction.
D074M	S	Batch Accept	The SPC must equal 095.03 on a Room & Board transaction.
D074N	S	Batch Accept	When SPC has medical health indicator Y then Place of Service must be provided.
D074O	S	Batch Accept	Procedure Code or Revenue Code must be provided When medical indicator is set for the corresponding SPC + SPC Subprogram Code in the Master SPC Lookup table.
D074R	S	Batch Accept	The SPC must equal 095.04 on a spenddown transaction.
D075C	S	Batch Accept	When the Diagnosis Code Principal is provided then the code must exist in the master lookup table.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D075D	S	Batch Accept	When the Diagnosis Code Principal is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D075E	S	Batch Accept	Diagnosis Code Principal must be null for member share.
D075F	S	Batch Accept	When any number of diagnosis codes are provided, the data must start with the Diagnosis Code Principal, and each subsequent diagnosis code field must be filled consecutively without gaps.
D076C	R	Batch Reject	When Service Delivery type is a valid Service Delivery type (exists in the master lookup table) then it must be valid for this organization.
D076D	R	Batch Reject	When Service Delivery type is not found in the master lookup table.
D077C	S	Batch Accept	If Diagnosis Code Additional 9 is provided, it must exist on the Master Lookup table
D077D	S	Batch Accept	When the Diagnosis Code Additional 9 is provided and the code is in the master lookup table, then it must be within date range (based on dates of service).
D103B	S	Batch Accept	The Medicare Paid Amount must be zero for a member share transaction.
D103C	S	Batch Accept	The Medicare Paid Amount must be greater than or equal to zero for an encounter transaction.
D104C	S	Batch Accept	The Medicare COB Type must be null for a membershare transaction.
D104D	S	Batch Accept	When the Medicare Paid Amount is greater than zero (0), the Medicare COB Type must also be provided.
D105B	S	Batch Accept	The Other Payer Paid Amount (Primary) must be zero for a membershare transaction.
D105C	S	Batch Accept	The Other Payer Paid Amount (Primary) must be greater than or equal to zero for an encounter transaction.
D106C	S	Batch Accept	The Other Payer COB Type (Primary) must be null for a membershare transaction.
D106D	S	Batch Accept	When the Other Payer Paid Amount (Primary) is greater than zero (0), the Other Payer COB Type (Primary) must also be provided.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Edit Number	Error Category	Program Edit Level	Edit Description
D107B	S	Batch Accept	The Other Payer Paid Amount (Secondary) must be zero for a membershare transaction.
D107C	S	Batch Accept	The Other Payer Paid Amount (Secondary) must be greater than or equal to zero for an encounter transaction.
D108C	S	Batch Accept	The Other Payer COB Type (Secondary) must be null for a membershare transaction.
D108D	S	Batch Accept	When the Other Payer Paid Amount (Secondary) is greater than zero (0), the Other Payer COB Type (Secondary) must also be provided.
D109B	S	Batch Accept	The Sum of the 3 COBs plus Paid Amount must be less than or equal to Allowed Amount.
D109C	S	Batch Accept	The Sum of the 3 COBs plus Paid Amount must be less than or equal to Charges.

Revision Date: 11/30/2007

Author:

Ramona Johnson

Approver:

Wisconsin Healthcare Account Quality Management System

Level 3 – Family Care Content Edits

MEDS – LTCare Encounter Reporting 2.6

Change Log

Date	Changes	Changed By	Remarks/Reason
06/30/2007	Document is baselined at version 4. From now on, all changes will be implemented into the baseline document, and documented into the change log.	Syed Aziz	One time document baselining.
07/19/2007	Changed edit description for D061E. Added "When supplied".	Ramona Johnson	Bug 2271
07/25/2007	Changed existing XML tag names to new XML tag names.	Ramona Johnson	Content Edits: Family Care
09/12/2007	Document format revisions.	Ramona Johnson	Content Edits: Family Care
11/30/2007	Added FC content edits for COB: D103B & C, D104B, C & D, D105B & C, D106B, C & D, D107B & C, D108B, C & D, D109B, C.	Ramona Johnson	FC Content edits: COB Implementation 01/2008. Refer to Bug 2242

Revision Date: 11/30/2007

Author: Ramona Johnson

Approver: